PTOISE/06 (08-9)
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p a collection of information unless it of Under the Paperwork Reduction Act of 1995, no persons are required to re

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(Column 1) (Column 2) SMALL ENTITY OR OTHER THAN SMALL ENTITY OR SMALL ENTITY	Substitute for Form PTO-875								W KECOKD .			Application or Docket Number			
FOR NUMBER FILED INJURIES FREE PRESENT FEE OF CRITICAL STATE FEE OF CRITICAL STATE OF STATE O	L		CLAIN		SMALL ENTITY		o)R	OTHER THAN SMALL ENTITY						
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A CLAIMS	(37	ASIC FEE 37 CFR 1.16(a))						7	1,511,5		-		RATE	FEE	
NOTE PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) MINUTURE CEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) H the difference in codumn 1 is less than zero, enter "0" in codumn 2. CLAIMS AS AMENDED – PART II O 12/05 (Column 1) (Column 2) (Column 3) SMALL ENTITY RATE ADDITIONAL FEE ADDITIONAL FEE OF RESENT PRESENT PRESENT PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) Total (31/6/6) (Column 2) (Column 2) (Column 3) (Column 3) (Column 3) (Column 3) (Column 3) (Column 3) (Column 4) (Column 4) (Column 4) (Column 4) (Column 4) (Column 5) (Column 5) (Column 5) (Column 6) (Column 6) (Column 7) (Colu				minu	20 -			7	25		<u>'</u> °	R		1:790	
MULTIPLE DEPENDENT CLAIM PRESENT (3) CFR 1.16(d) **If the difference in column 1 is less than zero, enter 10' in column 2. **CLAIMS AS AMENDED - PART II **O I2/O5 (Column 1) (Column 2) (Column 3) SMALL ENTITY **RATE ADDITIONAL FEE **TOTAL **OTHER THAN SMALL ENTITY **RATE ADDITIONAL FEE **TOTAL **TOTAL **OTHER THAN SMALL ENTITY **RATE ADDITIONAL FEE **TOTAL	IN	DEPENDENT CLAIMS						\dashv			- ⁰	R	<u>z 500 z</u>		
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• If the entry in column 1 is less than the entry in column 2 and 2 and 3 a	• 6	f the entry in col	lumn 1 is less	lhan the entry	io column	2. write 5	Of in column 3				OR			1	
If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". "If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".								uer "2	O~.						

The 'Highest Number Previousy Paid For' (Total SPACE is less than 3, enter '3'.

The 'Highest Number Previousy Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The 'Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form ant/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.